



FEE TRANSMITTAL

Complete if known

Application Number: 10/724,663

Filing Date: December 1, 2003

First Named Inventor: Botich et al

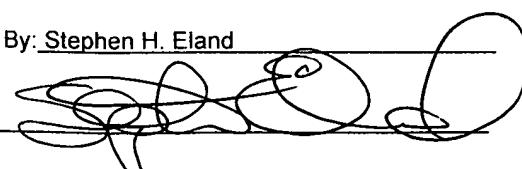
Group Art Unit: 3763

Examiner Name: Rodriguez, C.

Total Amt. of Payment: (1)+(2)+(3)= **\$225**

Attorney Docket Number: 1032-P00781US4

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																									
1. The Commissioner is hereby authorized to: <input checked="" type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within second month 225 Notice of Appeal Filing a brief in support of an appeal _____ Request for oral hearing Petition to revive unavoidably abandoned appl. _____ Petition to revive unintentionally abandoned appl. _____ Issue fee Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) _____ SUBTOTAL (3) \$225																									
FEE CALCULATION 1. FILING FEE Fee Description Fee Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ SUBTOTAL (1) \$0		 2. Claims <table> <thead> <tr> <th></th> <th>Paid</th> <th>Extr</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>29</td> <td>-29</td> <td>= 0</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x 25 = 0</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3</td> <td>= 0</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x 100 = 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> SUBTOTAL (2) \$0			Paid	Extr	Fee	Total Claims	29	-29	= 0				x 25 = 0	Independent Claims	3	-3	= 0				x 100 = 0	Multiple Dependent (First presentation)			
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Submitted By: Stephen H. Eland  Reg. Number 41,010

Signature 08/10/2005 NNGUYEN1 00000033 041406 10724663 Date August 3, 2005

Deposit Account User ID
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